

Washoe County CARES/SART

Date kit collected _____ Name of SANE _____

Law enforcement agency _____ Law enforcement case number _____

The Criminalist will complete the following (If any answer is no, please provide comments):

1. Evidence clearly labeled and legible _____ NA _____ Yes _____ No _____ Not examined

Comments: _____

2. Sperm visualized _____ NA _____ Yes _____ No _____ Not examined

What sample(s) was sperm visualized in _____

3. Appropriate swabs collected (by Hx) _____ NA _____ Yes _____ No _____ Not examined

Comments: _____

4. Form complete and legible _____ NA _____ Yes _____ No _____ Not examined

Comments: _____

5. Suggestions for improvement: _____

6. Samples analyzed in DNA and associated results: _____

Primary Examiner/DNA Analyst: _____

Phone numbers: _____ Date: _____

Date of CARES/SART Coordinator review with SANE: _____

CARES/SART Coordinator signature: _____

SANE signature: _____